

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 11R-87

## BRIEF TITLE

## APPROVED DEADLINE

## REASON

Lincoln Metropolitan Medical  
Response System Agreement

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>Sub-Recipient Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and the Nebraska Emergency Management Agency for the Lincoln Metropolitan Medical Response System. The grant award is for \$321,221.00 for September 1, 2008 to August 31, 2011.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p>Reason Against</p>
	Board or Commission Recommendation	<p>BY</p> <p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p><input type="checkbox"/> No Action Taken</p> <p><input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	CITY COUNCIL ACTIONS (For Council Use Only)	<p><input type="checkbox"/> Pass</p> <p><input type="checkbox"/> Pass (As Amended)</p> <p><input type="checkbox"/> Council Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not Pass</p>

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>		
<b>FINANCES</b>			
<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:		\$
	COST of this Ordinance/ Resolution		\$
	RELATED annual operating Costs		\$
	INCREASE REVENUE EXPECTED/YEAR		\$
<b>SOURCE OF FUNDS</b>	CITY [Approximately]		
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
	NON CITY [Approximately]		
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
<b>BENEFIT COST</b>			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot	\$	\$	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Elaine Severe

REVIEW BY:

REFERENCE NUMBER